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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9263

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2746

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Gardenville N.R (If outside city or town limits, write "RURAL")
(d) Street No. 4938 Seibert Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Paul Kersting
3. (b) If veteran, name war
3. (c) Social Security No. 488-07-5591

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 27 1911 (Month) (Day) (Year)
8. AGE: Years 28 Months 5 Days 1 If less than one day hr. min.
9. Birthplace St Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Tobacco
FATHER 12. Name Paul Kersting
13. Birthplace St Louis Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ella Seiger
15. Birthplace St Louis Mo (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Ella Kersting Infeld
(b) Address 4938 Seibert Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/40 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS Peter + Paul
18. (a) Signature of funeral director John L Ziegenhein & Sons
(b) Address 7027 Morgan Ford Ave
19. (a) MAR 25 1940 (Date received local registrar) (b) J. F. Budich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22, year 1940 hour 12:50 minute A. M.
21. I hereby certify that I attended the deceased from March 17, 1940, to March 22, 1940; that I last saw him alive on March 22, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Peritonitis	
Due to Ruptured appendix	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ~~Generalized~~	
Of autopsy Generalized Peritonitis due to Ruptured appendix	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Marshall W. Kelly (M. D. or other)
Address 1515 Lafayette, Date signed 3/22/40

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 6937a Travois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.